

STATE MEDICAL LIBRARY OF CALIFORNIA*

A SURVEY OF THE FIRST YEAR'S WORK

By CHAUNCEY D. LEAKE, PH. D.

San Francisco

IT is now about a year since the California State Medical Library inaugurated its services to physicians and medical institutions. Miss F. B. van Zandt, who had successfully established similar efforts in Iowa and Wisconsin, appeared at the 1932 Pasadena meeting of the California State Medical Association to explain the set-up of the library and the facilities available. She then undertook by extensive personal visits in various communities through the state outside of the large centers to acquaint physicians with the opportunities afforded by the library and to ascertain their wants. Since October, 1932, she has discussed these matters with 1,209 doctors in the state. This is approximately 12 per cent of the registered physicians and surgeons in California.

Two branches of the State Medical Library have been established: one at the Los Angeles Medical Department of the University of California, 737 North Broadway, Los Angeles, headquarters for Miss van Zandt, with Miss Marjorie Utt as assistant, and the other at the University of California Medical School Library, Second and Parnassus avenues, San Francisco, in charge of Miss Frances Tomlinson.

The primary purpose of the State Medical Library is to provide registered physicians and surgeons of the state an opportunity to keep abreast of current medical advance and to offer them adequate library facilities. The effort is particularly directed toward physicians practicing in outlying communities where medical library facilities are not available. This purpose can best be met by a circulating periodical service under which the physician may receive regularly one or more periodicals in a field of medicine in which he is especially interested. Supplementing this the physician may call upon the State Medical Library for literature relating to some particular problem concerning him at the moment. In this connection the State Medical Library has available a considerable number of reprints which are classified according to subject-matter and which are available as packets for physicians interested in the particular subject. Mailing costs are met by the physician.

The growth of the services rendered by the State Medical Library from October, 1932, to May, 1933, is indicated in Table 1. This table shows the increase in the number of borrowers, the items loaned, and the number of communities served by both the Los Angeles and San Francisco branches. The library may now be said to be functioning at about the capacity of its present staff. Any significant increase in number of borrowers will necessitate either an increase in the staff of the library or a diminution in the efficiency of its services.

* A report by C. D. Leake, librarian, and submitted by him to the Advisory Board of the State Medical Library. (See page 446 for editorial comment.)

TABLE 1.—Showing the Increase in Number of Borrowers and Items Loaned in the State Medical Library from October, 1932, to June, 1933.

	Los Angeles		San Francisco	
	October 1932	June 1933	October 1932	June 1933
Number of borrowers	93	291	64	316
Items loaned (books and journals)	67	493	211	556
Number of communities served	22	65	29	75

The total number of journals subscribed for, together with the annual cost of subscription, for both the Los Angeles and San Francisco branches, is indicated in Table 2. This again is about the limit of the current resources of the library.

The periodicals chiefly in demand in the State Medical Library are those relating especially to surgery, pediatrics, and otorhinolaryngology. Certain special journals relating to laboratory diagnosis and biochemistry are also considerably in demand. Current issues of certain British and German specialty journals are also extensively circulated.

Most items loaned by the State Medical Library are retained by the physician borrowing them for an average of five days. With packing, mailing, and return, an average of nine days per item is consumed before the next borrower may be served by the same item. After circulation, periodicals are filed and preserved. Back numbers of periodicals become available for special consultation. At present reference facilities are largely supplied through the resources of the University of California Medical School Library. It is hoped that a satisfactory reference service may be established in the State Medical Library.

The State Medical Library is anxious in every way to cooperate with the two existing private medical libraries in the state: the Barlow Medical Library at Los Angeles and the Lane Medical Library at San Francisco. On her visits, Miss van Zandt has referred inquiries for reference services to these two libraries wherever possible with the suggestion that the physician contribute to the support of these libraries for the return of whatever service they may render. Because of the excellent medical library facilities in Los Angeles and in San Francisco no attempts have been made by the State Medical Library to furnish circulating periodical service in these communities. Practically all the borrowers regularly re-

TABLE 2.—Showing Number and Annual Cost of Journal Subscriptions of the State Medical Library.

	Total Subscriptions	Number of Different Journals	Annual Cost of Subscriptions	Average Number of Borrowers per Journal
Los Angeles	97	90	\$1,088	4
San Francisco	92	80	\$1,040	4

ceiving current medical periodicals in the special fields in which they are interested live in communities quite remote from either Los Angeles or San Francisco.

Due to the necessity of conserving to the utmost the funds available for the State Medical Library there will be no effort made during the next two years at least to acquaint, by personal visits, physicians in the state with the opportunities afforded. Sufficient funds are available to maintain the State Medical Library on the plane on which it is now functioning for three or four years. As far as can be ascertained the State Medical Library is giving satisfactory service to those physicians now regularly borrowing from it. Any suggestions regarding the betterment of its service will, of course, always be respectfully entertained.

U. C. Medical School,
Second and Parnassus Avenues.

REFORESTATION CAMPS AND MEDICAL OPPORTUNITY*

By E. L. MUNSON, M. D.
San Francisco

THE plan of President Roosevelt for unemployment relief through the reforestation work of the Civilian Conservation Corps, now being organized, has very broad medical aspects and responsibilities; and this is particularly the case here in the western third of our country.

In his message on the subject the President said: "... We can take a vast army of these unemployed out into healthful surroundings. . . ." In a broad way, and for the country at large, this theorem is true.

A PUBLIC HEALTH PROBLEM INVOLVED

But the aggregation of young men within the required age limits of 18 to 25 years of course raises the same general medical problems that always attach to the mobilization of recruits for war. Measles and other acute infections must be expected and combated; and immunization against typhoid, smallpox, and other diseases must be carried out. In addition, in the country west of the Rockies the medical responsibilities will be greatly increased—and particularly so in California—by certain endemic infections of which little is at present known by the profession at large.

The general plan for the Citizens Conservation Corps calls for the enrollment for six months of a total of 250,000 men, with their assignment to work for improvement of forest resources. They are to be organized into groups of two hundred men each, and these are to be scattered through the forest reserves over the entire country. Their administration is to be carried out under the army, and their medical care and sanitary superintendence has been made a charge of the army medical department. To assist with the medical service the assignment of 169 medical officers of the navy has been announced, and a number of Medical Reserve Officers and contract surgeons have been placed on active duty.

* Editor's Note.—Doctor Munson, who contributes this article, is a retired Brigadier General of the United States Army Medical Corps. For additional comment, see page 445.)

But of this total burden the share which falls on the Ninth Corps Area—which comprises the states of California, Oregon, Washington, Idaho, Montana, Wyoming, Utah, and Nevada—is numerically out of all proportion. Through climatic conditions, these states include a major part of the forest resources of the whole country. As a result the allotment to this Corps Area is nearly two-thirds of the total reforestation personnel; amounting to 135,000 men and to be scattered in about 635 different camps in the vast area from the Rocky Mountains to the Pacific.

DISEASES PECULIAR TO THE NINTH CORPS AREA

We already know that the exceptional climatic conditions in this area have their influence upon the occurrence of disease as to etiology, animal reservoirs, and insect transmitters; and that at the higher levels various diseases of more or less local distribution are found which elsewhere do not occur or are of much less practical importance. Probably the very names of most of them represent merely nebulous generalities to the majority of practitioners of the country at large, to whom such diseases as Rocky Mountain spotted fever, bubonic plague, relapsing fever, tularemia, undulant fever, and other infections are almost wholly in the category of the clinically unknown.

All these animal-borne infections occur in this Ninth Corps Area, and particularly at the higher altitudes in which practically all the forest reserves are located and in which reforestation camps will be established. Some of these diseases, like tularemia, may be regarded as generally endemic over the entire reforestation area. Some, like relapsing fever, have their rodent reservoirs at altitudes of 6,000 feet and above; others, like plague in ground squirrels, may be found from some 4,000 feet down; again, Rocky Mountain spotted fever may be found from 2,000 feet up, but with extraordinary differences in case mortality as between localities and apparently between different levels.

WILL NEW MEDICAL PROBLEMS COME INTO BEING?

Heretofore these diseases have not been common in man, merely because climatic and other conditions were such that local human population in these high altitudes has been extremely sparse, or none at all. For these reasons, and because of the paucity of human cases, we now do not even know the extent and distribution of the infected areas; but there is every reason to believe that these are much more extensive and continuous than the occasional sporadic cases in ranchmen, sheep herders, prospectors, sportsmen, and others who penetrate these wildernesses of the higher altitudes would seem to indicate. And for most of these diseases the matters of life history, transmission, and prevention are still only imperfectly worked out.

HOOPER FOUNDATION HAS OFFERED ITS SERVICES

But the scattering of one hundred and thirty-five thousand non-immunes in over half a thousand camps to be located on these known or